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ABSTRACT

This paper describes the implementation and outcomes of a community-based nursing education program at the University of Central Florida School of Nursing. The 2-year upper division nursing curriculum includes core content for the preparation of an entry-level member of the nursing profession. Students have in-depth course and clinical work that includes work in a community nursing center in a medically underserved community. This multisemester experience, which now takes place in 12 centers, provides multiple opportunities for students to become empowered to bring about change in the community. In these activities, students achieve their own learning goals and meet community goals. The community-based nursing education program has just had its fourth graduating class, and graduates of the program are doing well on their licensing examinations, with a 90% to 95% pass rate. Students also show a higher degree of expertise and knowledge of community issues when they return to the graduate program. (SLD)

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Learning in the Community Through Engagement with the Community

Diane M. Wink

March 2002

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Learning in the Community through Engagement with the Community

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Paper presented at the
CIES 2002 Annual Meeting
The Social Construction of Marginality: Globalization's Impact on the Disenfranchised
Orlando, Florida, March 5-9

Goals of higher education include preparing graduates who will be active participants in efforts to solve problems faced by individuals, families and communities. This is no where more important than in nursing education. Professional nurses must be prepared to both provide expert and highly competent care to the clients they serve and address the individual and societal problems which contribute to the health care problems faced by the global community.

If we expect students to demonstrate these competencies in professional practice, we must provide opportunities to begin to begin their development while in our educational programs. Preaching problem solving and preventative care while providing only opportunities to follow the instructions of others and to address health problems in their advanced stages will not prepare the student to actively and effectively participate in problem solving after graduation.

This paper describes the implementation and outcomes of a community based nursing education program at the University of Central Florida School of Nursing. This two year upper division (junior and senior year) nursing curriculum includes the core content essential for the preparation of an entry level member of the nursing profession. This includes courses on health assessment, nursing research, pathophysiology, pharmacology, the role of the professional nurse, and health care issues, law, ethics and economics. Clinical courses promote development of skills which are essential for the nurse who addresses the health promotion, health maintenance, and health restoration needs of individuals

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across the lifespan (from pre-conception to old age) and across the continuum of care. Thus students have in depth course and clinical work in the assessment and care of the pregnant woman as well as the critically ill adult after a major trauma. Students study and have clinical practice experiences with clients in the community, in homes, in clinics, in hospitals, and in rehabilitation and long term care facilities addressing physical and mental health problems.

If these classes and clinical experiences were to occur only in formal health care agencies, there would be few opportunities for students to develop skills in problem solving, community collaboration, and the implementation and evaluation of programs to address identified problems. Traditional clinical experiences also provide limited opportunities to work with clients in their (the clients') "real world" where the challenges of implementation of both health promotion and illness treatment are seen more clearly. For example, a student working in an acute care unit will have an opportunity to teach and educate a client on the medications they need daily to care for their newly diagnosed diabetes. They do not see the client as they struggle to integrate these life changes into the complexity of their lives, remember all they were taught, and try to find a way to pay for the medications.

To correct these deficiencies, the University of Central Florida School of Nursing initiated a community based nursing education program in 1997. All basic undergraduate students (those entering the program to obtain preparation for entry into the profession and initial licensure as a professional nurse) work in a single community through multiple learning experiences in one of our community nursing centers (CNC). Students in other tracks (BSN completion for RNs, graduate students) have at least one clinical experience at a CNC. The CNCs are in medically underserved communities, or medically underserved pockets in the larger community. This multi-semester experience provides multiple opportunities for students to become empowered to bring about change through work in collaboration with clients and communities. Through these experiences the students also have a chance to meet and know the often hidden and sometimes disenfranchised members of the larger community they see in the "non real world" environment of the formal health care agencies.

The students work in the community with the same peer group and same instructor (who also works with other student groups in that community) during multiple clinical courses. There are specific

learning objectives for each clinical course. These address both clinical skills and development of competencies which will help the student become a professional who can identify problems and take effective steps to address those problems.

Faculty and students turn to the community and its members for help in identifying problems which can be addressed by the students. work collaboratively with community members and groups to identify needs, address problems, and implement and evaluate change. And, because the students have opportunities to meet and work with individuals in their "real world" on an ongoing basis, they see, first hand, the barriers faced as those individuals work to stay, remain or become healthy.

An example is a program to assist low income clients at a food pantry obtain free or low cost prescription drugs directly from the pharmaceutical companies. The need for such a program became clear when students talked with clients using the food pantry and heard again and again how they often had to choose between essential drugs (e.g. to treat hypertension, diabetes, arthritis) and other essential expenses. Students worked with the faculty member to obtain information on the drug assistance programs available from the various manufacturers, create a resource file on the programs, develop forms to help the client know they steps they would have to take after the basic paper work was completed and then follow up on who was able to obtain the needed drug assistance.

Another example is the health support program at a residential drug treatment program for women. Clients at this facility had extensive help addressing issues related to their addiction but there were scant resources to help them address their many long ignored health care needs. Twice a year, students present a series of group sessions focused on health. In addition to teaching content needed by the women (good nutrition, what is hepatitis, promoting health in their children), the students help empower the women to take and active role in this important part of their total recovery.

In all these activities, the students achieve their own learning goals as well as meet community goals. For example while implementing the drug assistance program, the students learn about the many drug regimes used to treat common chronic diseases and how to best educate clients on the use of those drugs. Because they take such complete drug histories, they often identify problems with duplication of drugs which occurred because the client used multiple providers and drug stores. When the

students present the group sessions, they implement content learned about group process, communication skills, and self empowerment. This was most clear when the students were two young coeds. The women "tested" them repeatably to see if such young and relatively naive (especially in comparison to the residents of the recovery program) students actually had anything worthwhile to teach them and if the students were sincere in their desire to help. The students demonstrated their knowledge and successfully dealt with the "testing" behaviors by enforcing rules of the drug program during their sessions. They showed their sincerity as they returned even after a tough group session the week before. Both the students and the women grew in the process.

The community based nursing education program has just had its fourth graduating class. Our work in the community now takes place in 12 nursing centers. Graduates of our program are doing well on their licensing exams (90-95% pass rate, always 10 percentage points above the national norms) and they are fully employed. Students also demonstrate a much higher degree of expertise and knowledge of community based issues when they return to the graduate program.

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